

# United States District Court

NORTHERN DISTRICT OF CALIFORNIA

FILED

E-FILING

Norouzali HOVEIDARAD

v.

Rosemary MELVILLE et al.

ADR

2007 NOV 20 P 1:45

SUMMONS IN A CIVIL CASE

RICHARD W. WIEKING  
CLERK  
U.S. DISTRICT COURT  
NO. DIST. OF CA. S. 1

CASE NUMBER:

C07 05603

JF  
PVT

TO: (Name and address of defendant)

Rosemary Melville, District Director, USCIS, 630 Sansome Street, San Francisco, CA 94111;  
Francis D. Siciliano, Field Office Director, USCIS, 1887 Monterey Rd., San Jose, CA 95112  
Emilio T. Gonzalez, Director, DHS, Washington, DC 20528;  
Michael Chertoff, Secretary, DHS, Washington, DC 20528;  
Peter Keisler, Acting Attorney General, USDOJ, 950 Pennsylvania Avenue, NW, Washington, DC 20530;  
Robert S. Mueller, III, Director, FBI, 935 Pennsylvania Avenue, NW, Washington, DC 20535

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

KALPANA V. PEDDIBHOTLA, ESQ., SBN 200330  
LAW OFFICE OF KALPANA V. PEDDIBHOTLA  
4800 Great America Pkwy, Suite #310  
Santa Clara, California 95054  
Phone: 408-249-3373  
Fax: 408-249-3586

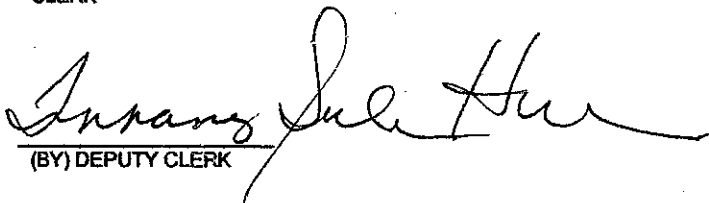
an answer to the complaint which is herewith served upon you, within \_\_\_\_\_ days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wieking

CLERK

NOV - 5 2007

DATE \_\_\_\_\_

  
(BY) DEPUTY CLERK

Tiffany Salinas-Harwell

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 civil Process (for  
 450 Golden Gate Ave.  
 San Francisco CA 94102

2. Article Number  
 (Transfer from Service Label)  
 7007 0220 0001 9100 5697

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Rayneida B...* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Rayneida B...* C. Date of Delivery: *11/9/07*

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

SAN FRANCISCO CA 94102

**OFFICIAL USE**

Postage	\$ 44.60	0202
Certified Fee	\$2.65	
Return Receipt Fee (Endorsement Required)	\$2.00	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 49.25	

Sent To: *Civil Process Clerk*  
 Street, Apt. No., or PO Box No.: *450 Golden Gate Ave*  
 City, State, ZIP+4: *San Francisco CA 94102*

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

SAN FRANCISCO CA 94102

**OFFICIAL USE**

Postage	\$ 44.60	0202
Certified Fee	\$2.65	
Return Receipt Fee (Endorsement Required)	\$0.00	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 47.25	

Sent To: *Rosemary Melville*  
 Street, Apt. No., or PO Box No.: *630 Sansome St.*  
 City, State, ZIP+4: *San Francisco CA 94111*

PS Form 3800, August 2006 See Reverse for Instructions

7007 0220 0001 9099 7986

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	\$4.60
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$7.25</b>

Sent To: Francis S. Alons  
 Street, Apt. No., or PO Box No. 157 Monterey Ave.  
 City, State, ZIP+4 San Jose CA 95111

PS Form 3800, August 2006 See Reverse for Instructions

7007 0220 0001 9099 7993

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	\$7.50
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$10.15</b>

Sent To: Peter Kessler  
 Street, Apt. No., or PO Box No. 950 Pennsylvania  
 City, State, ZIP+4 Washington DC 20535

PS Form 3800, August 2006 See Reverse for Instructions

7007 0220 0001 9099 7962

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	\$7.50
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$10.15</b>

Sent To: Emilio T. Gonzales  
 Street, Apt. No., or PO Box No. Dept Homeland Sec.  
 City, State, ZIP+4 Washington D.C. 20528

PS Form 3800, August 2006 See Reverse for Instructions

7007 0220 0001 9100 5772

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	\$7.50
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$10.15</b>

Sent To: Robert S. Mueller  
 Street, Apt. No., or PO Box No. 935 Pennsylvania  
 City, State, ZIP+4 Washington D.C. 20535

PS Form 3800, August 2006 See Reverse for Instructions

7007 0220 0001 9099 7955

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	\$7.50
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$10.15</b>

Sent To: Michael Chertoff  
 Street, Apt. No., or PO Box No. U.S. Dept. Homeland Sec.  
 City, State, ZIP+4 Washington D.C. 20528

PS Form 3800, August 2006 See Reverse for Instructions